

MIEMSS Executive Director's Report July, 2010

MIEMSS Radio Grant Program. For the past several years, MIEMSS has been working to modify the statewide EMS communications system to ensure compliance with FCC mandates for public safety systems to migrate to narrowband technology. The FCC mandates system operators, such as MIEMSS, be narrowband compliant by January 1, 2013. Additionally, there is a second FCC mandate effective January 1, 2011, affecting the production of radios that is anticipated to significantly increase the cost of narrowband-capable replacement radio equipment. Replacement of Maryland's non-narrowband-capable infrastructure to accommodate the mandate has been underway as part of this project. Current efforts are focusing on statewide replacement of non-narrowband-capable mobile and portable radios.

To accomplish this, MIEMSS has changed the method used to assist jurisdictions to obtain the necessary radio equipment. In the past, MIEMSS provided county and volunteer EMS companies with mobile and portable radios through a donation process. Because of necessary changes in the MIEMSS inventory management system, however, the donation process has been replaced by a Radio Grant Program. This Grant Program will ensure that the jurisdictions can obtain the necessary mobile and portable radio equipment essential for a cohesive EMS communications system subject, of course, to the availability of funding.

Under the Radio Grant Program, MIEMSS will reimburse a county and /or volunteer company in the county, up to a specified amount for the purchase and installation of new narrowband mobile radios that meet the MIEMSS specifications. There is a specific mobile radio and a specific portable radio that can be purchased under the Radio Grant Program which are compliant with FCC requirements and meet the operational needs of the Maryland EMS communications system. As such, MIEMSS will reimburse up to \$1,300 for the purchase of a Motorola Model CDM 1550 mobile radio including installation costs. MIEMSS will reimburse up to \$1,300 for the purchase of the Kenwood TK 390 portable radio, mobile charger and installation. The portable and mobile radios are both available on the state contract. These radios must be programmed with the MIEMSS approved channel template. MIEMSS hopes to proceed as quickly as possible to replace these radios by encouraging these purchases to occur well in advance of the January 1, 2011 FCC deadline on manufacturers.

In order to participate in the Radio Grant Program, participants must sign a "MIEMSS Radio Cost Reimbursement Grant Agreement." Participants may be either a county or individual companies within a county, depending on how the various jurisdictions wish to proceed.

After execution of the Agreement, the participant may then purchase and install the radios for the EMS units that have been identified as being non-narrowband capable. Copies of the paid invoices are submitted to MIEMSS, along with a letter requesting reimbursement on the participant's letterhead. It typically takes about 30 days from receipt of the appropriate paperwork for a reimbursement check to be generated.

The Radio Grant Program is operational and will continue through FY11. Jurisdictions should consider and discuss with the Regional Administrator in their region how and when they would like to participate in the Radio Grant Program.

The 2011 Statewide EMS Education Conference. Maryland's EMS system has begun planning for the 2011 Statewide EMS Education Conference to be held at the BEACH in Ocean City. The dates are tentatively scheduled for March 31 - April 3rd, 2011. Watch for more details coming soon!!!

EMAIS®. The successful vendor for the replacement of ***EMAIS®*** has been selected and it is Image Trend of Lakewood, Minnesota. Image Trend currently is the provider of electronic Patient Care Reporting (ePCR) solutions in 21 states, recently contracted with Virginia and New York. The Maryland Board of Public Works approved the contract on June 9, 2010. MIEMSS IT staff will begin the process of deploying the new ePCR solution to the three chosen EMSOP's to pilot the application. Included in the contract is the purchase of a statewide license for a mobile client ePCR, to work in conjunction with the web based version of the ePCR suite. EMSOP's will have the option of using the mobile client as part of the statewide contract. MIEMSS is also working currently to research the capability to import CAD data into the new ePCR, to cut down on data entry time by providers, and to assure complete dispatch records and times. Presently, seventeen jurisdictions are utilizing EMAIS®, along with fifteen Operational Programs statewide. Targeted Data Exports have been constructed for EMAIS® Jurisdictions and Programs to use in local EMS management. Bandwidth restrictions were identified at several hospitals affecting the speed of EMAIS® and MIEMSS has worked with all facilities to resolve these restrictions.

HC Standard. *HC Standard 3* is currently in operation. Version 3 of the program continues to host a more robust CHATS (County Hospital Alert Tracking System) with alert definitions displayed for the public and includes FRED (Facility Resource Emergency Database), CHRS (County Hospital Request System), and the PTS (Patient Tracking System). HC FRED is operational and in use throughout the state. It is receiving positive feedback, with many facilities expressing an interest in future enhancements to this system. The CHRS application is being used by hospitals, EMS Operations Programs and EMRC to electronically request diversion status changes. EMRC has been fully moved to the HC3 EMRC application. The Patient Tracking System (PTS) was successfully utilized during the Western Maryland Health System hospital move, Andrews Air Force Base Haiti Repatriation, Baltimore NDMS FCC Tabletop Exercise, and Tennessee NDMS Patient Reception Exercise. The program provides real time situational updates as patients were scanned, triaged, and transported from one site to another. The application provided maps showing where patients were in real time, as well as what facilities they went to, who they were transported by, interventions that were performed, and demographic information. Planning is underway to create a dashboard to incorporate additional programs including the Maryland Health Alert Network, ESSENCE, and WebEOC. MIEMSS has conducted two administrator training courses, seven in-person user training courses, and six online user training courses. MIEMSS continues to provide support and assistance to facilities as they come online to the new HC Standard 3. MIEMSS is in the process of explaining current PTS capabilities within the state to allow for more units to be utilized in the field. Many jurisdictions are planning to purchase PTS handheld units using this years Hospital Preparedness Program (HPP) funds.

Acetaminophen Protocol Adjustment. The 2010 Maryland Medical Protocols for EMS Providers had the addition of Acetaminophen in two formula liquid unit doses: 160mg/ 5mL and 325 mg/ 10.15mL. It was noted that the liquid unit dose containers had similar appearance and the 3-5 year old patient could potentially be overdosed by giving them the higher unit dose by mistake. To remedy this problem, the formulary will be changed to only allow the purchase of the 160mg/5mL unit dose as of July 1, 2010 and the dosing of Acetaminophen to allow for dosing using multiples of the 160mg/5mL (320 mg or 640mg). With this modification, the Acetaminophen dosing protocol for 2011 will be converted to allow only multiples of 160mg/5mL dosing.

Protocol Update – MUST BE COMPLETED BY JUNE 30, 2010 - Protocols are effective July 1, 2010.. All EMTBs, CRT99s, and EMTs must have successfully completed the applicable protocol update prior to June 30, 2010.

2010 Voluntary Ambulance Inspection Program (VAIP). The 2010 Voluntary Ambulance Inspection Program (VAIP) Manual, which includes the new inspection guidelines, is now available on the MIEMSS website. The 2010 inspection guidelines, which are reviewed every two years, reflect the recommendations of the VAIP consensus workgroup, which met throughout 2009, and the MIEMSS Regional Medical Directors. Changes in the updated manual primarily involve changes to BLS and ALS supplies and equipment reflected in revisions to the Maryland Medical Protocols for EMS Providers.

An ambulance inspection involves verification of supply and equipment inventories necessary to adequately care for patients in the prehospital setting. Suction and oxygen delivery equipment, both portable and on-board systems, are tested to ensure their proper and safe operation. In addition, the Maryland EMS communications equipment is tested for proper operation. MIEMSS Regional Administrators can answer questions regarding the program, assist with pre-inspection checks of your oxygen and suction equipment, and schedule an inspection for your vehicles. A request for an inspection must be submitted in writing along with a completed application, to your MIEMSS Regional Office.

EMS Links and Information Regarding H1N1 Flu (Swine Flu). MIEMSS continues working with the CDC and other health related agencies to develop Swine-Origin Influenza A (H1N1) guidance specific for EMS and 9-1-1 PSAPs. Please see the MIEMSS web site (www.miemss.org) for updated information.

Infection Control Program Regulations. The EMS Board has proposed regulations laying out the framework for the responsibilities of Infection Control Officers in EMS operational programs. These regulations were developed from the work of a joint MIEMSS/DHMH committee mandated by the legislature to look at the issue of bloodborne pathogen exposures among EMS providers and other health care providers. The legislature required MIEMSS and DHMH to develop regulations for the collection of data on such exposures. The committee ran a pilot project collecting the data and is now preparing to move forward with the program. The proposed regulations were published in the Maryland Register on April 9, 2010. For copies of the draft please contact: Sarah M. Sette, Assistant Attorney General at MIEMSS, (410)706-8514.

Prehospital Data Reporting. The EMS Board is proposing regulations that clarify the requirements for electronic data reporting which include delivering a copy of a printed patient care report to the health care facility within 24 hours if a copy cannot be delivered when the patient care is transferred to the facility. EMS operational programs not using EMAIS® must transfer electronic data to MIEMSS within 24 hours. After December 31, 2010, all EMS operational programs shall only submit EMS data to MIEMSS through EMAIS® or electronically with content and format acceptable to MIEMSS. Finally, the regulations make clear that compliance with the regulations is a necessary condition for an EMS Operational Program to meet the requirements for funding under the Amoss Fund with respect to the Maryland Ambulance Information System and to be eligible for MIEMSS grants. The proposed regulations were published in the Maryland Register on April 9, 2010. If finally adopted by the EMS Board, the regulations are expected to be made effective later this year. For copies, please contact: E. Fremont Magee, Assistant Attorney General at MIEMSS, (410) 706-8531.

Education Standards Committee. MIEMSS formed an EMS education standards committee to review and prepare for implementation of the standards by 2012. The committee is comprised of representatives from volunteer, career, commercial, and educational programs and will review the standards, strategize how to implement the standards, as well as determine how best to implement the new levels in Maryland. The committee has three subcommittees that is reviewing and preparing for the implementation of the Education Standards in Maryland. The three subcommittees are the ALS Committee of SEMSAC, the BLS Committee of SEMSAC, as well as the EMS Regulations Committee. Information on the National EMS Education Standards can be found at www.EMS.gov.

Maryland is in the process of piloting the EMT course at colleges and academies throughout the State. Students in the courses are from a combination of volunteer, career, and commercial services. All programs are using a standardized syllabus to assess hours and requirements associated with the course. Efforts are underway to ensure that the course, once piloted, can be delivered in part through online learning. This hybrid approach will allow for easier access to volunteers and commercial-based students. MFRI is planning to pilot the new EMT course in early spring, 2011.

EMT Renewal Options. In addition to the 24-hour refresher and 12-hour classroom (or online) and 12-hour skills class options to renew one's EMT certification, MIEMSS has developed and the EMS Board has approved regulations to expand the renewal options in an effort to ensure continued competency and to save costs. The first option allows for EMTs to complete the 12-hours of approved classroom continuing education, which can be achieved through approved online formats (MFRI), as well as completing a skills evaluation for continued skills competency. The skills evaluation is in lieu of the 12-hour skills class. This saves time and costs and ensures continued competency of skills through evaluation. The other option recognizes EMTs with current NREMTB certification. At time of renewal, the EMT-B will submit his NREMT card, along with affiliation and protocol currency verification and he will receive a new Maryland EMTB certification (3 years). There are currently near 2,500 NREMTBs in Maryland so this option will allow for more EMTBs to renew their Maryland EMTB without having to go through duplicate continuing education courses. The BLS committee is developing policies to align with the draft regulations. Both the policies and regulations will become effective in the coming months. Once in place, EMTs will have four options to renew their EMT certification: 1) 24 hour refresher course; 2) 12 hour skills class and 12 hours of approved continuing education (online is available); 3) NREMT-B current certification; or 4) 12 hours of approved continuing education (online is available) and a skills test-out.

SEMSAC BLS Committee. The BLS Committee is working with the EMS Education Standards Committee to prepare for implementing the EMR and EMT education standards in Maryland, including reviewing data from the two pilot courses currently ongoing. Data and information from the pilot courses, so far, are consistent with what was expected initially and are being well received by the students and instructors alike. The committee will continue to follow the progress of the pilot EMT courses through next year. Further, the committee finalized updating the existing EMTB final practical examination sheets to reflect the language and content of the new EMT education standards. The modified practical exam sheets will be used for the pilot EMT classes which are scheduled to start testing in late-July. The committee is also finalizing skills sheets for the EMT skills competency test-out described above in the "EMT Renewal Options" item. The sheets will assess the continued competency of individual EMTs.

Learning Management System (LMS) and Instructors' Corner. The Office of Licensure and Certification has successfully implemented an instructors' corner where BLS, ALS, EMD, and EMSC instructors can share educational resources including presentations, outlines, and other materials with other instructors, statewide. MIEMSS has implemented a learning management system (LMS) where protocol updates, continuing education, and other EMS educational content can be attended by EMS providers, statewide. The LMS uses Articulate.com software and allows for the asynchronous viewing of courses with a high degree of authenticity. The Office, in conjunction with other MIEMSS departments and MFRI designed and developed the 2010 protocol training update for BLS and ALS providers.

National EMS Education Standards and Instructor Guidelines Now Available. The National EMS Education Standards have been approved and posted on www.EMS.gov. The corresponding Instructional Guidelines for Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT), and Paramedic are also posted. To download a PDF version of these documents, please go to www.EMS.gov, click "Education" on the top red navigation bar and select "National EMS Education Standards" from the drop-down menu. Maryland is preparing to transition to the new levels and a subcommittee of SEMSAC is being formed to strategize and collaborate on achieving successful transition from the National Standard Curricula to the EMS Education Standards.

NREMT for EMT. MIEMSS is preparing to use the National Registry of Emergency Medical Technicians (NREMT) for testing EMTs in Maryland. This will align Maryland with the National EMS Education Agenda for the Future: A Systems Approach. Further, the computer adaptive testing process allows for a more precise measurement of an EMT's entry-level abilities in a shorter time than the existing pencil-and-paper method. Currently, the NREMT test is used for CRT99s and Paramedics and MIEMSS plans to use it for EMTs as well. Funding for the testing is being finalized and additional testing locations are being identified to accommodate the volume of EMT students testing annually. Funds to pay for NREMT initial testing and one-retest will come from existing funds within MIEMSS' budget and will not be taken from other sources. MIEMSS only proposes using NREMT for initial testing and is not looking to mandate NREMT for recertification. Further, currently certified Maryland EMTs do not need to take NREMT exam to keep their Maryland certification current. The existing course structure and practical examinations will remain as they are when NREMT testing is initiated.

Maryland EMS Providers. As of July 12, 2010, there were 26,429 certified or licensed EMS providers in Maryland. The providers are broken down as follows:

EMD:	1014
First Responder:	4745
EMT-B:	17108
CRT99:	876
EMT-P:	2686

Somerset County EMS SWOT Task Force. On June 8, 2010, Richard Alcorta, MD presented the Final Report of the Somerset SWOT Task Force to the Somerset Commissioners. This SWOT Final Report, which is the culmination of an 18 month process, addressed the three Commissioner requested goals with system recommendations. The Final Report has short, intermediate, and long term recommendations to improve the support of volunteers, improve the quality assurance process, and improve timely and quality ALS services. The Final Report was unanimously endorsed by the Somerset SWOT Task Force team members.

Regional Programs and Emergency Operations.

Regional Health and Medical Committees.

- The Region III Health and Medical Taskforce continues to work with Baltimore City on the purchase of the necessary hardware for the electronic patient tracking application. Mass casualty support vehicles and an alternate care site supplies are also being purchased with FY08 UASI funds.
- The Region V Regional Hospital and Health Care Memorandum of Understanding regarding Mass Casualty and Disaster Situations is currently under legal review. The goal is for this overarching agreement to be accepted Region-wide and serve as a statewide template.
- The \$1.2 million Public Safety Interoperable Communications Grants through which MIEMSS received funding to connect the remaining hospitals and 9-1-1 centers to the PSInet with VoIP phones. Site surveys and installations continue statewide. A one year extension has been received for the completion of this project.
- The EMS Focus group continues to meet to develop a draft recommendation for the composition of EMS Strike Teams.

The MIEMSS Regional offices are managing multiple projects throughout the state. For more information about any of the items listed below, contact the appropriate MIEMSS Regional office.

- Planning for the Statewide EMS Education Conference at the Beach has begun to be held in Ocean City in the Spring of 2010.
- The Regional Offices continue to support the implementation of the new HC Standard system.
- All regional offices are currently in the process of updating quality assurance plans and medical director agreements in preparation for the upcoming operational programs re-designation surveys.
- Voluntary Ambulance Inspections are ongoing Statewide. The 2010 VAIP document is on the MIEMSS web site and printed copies are available from the MIEMSS regional offices. The new Maryland Electronic Vehicle Inspection Program is currently being field tested during inspections.
- On June 8, 9, and 10th, Region IV hospitals participated in a region-wide Hurricane drill. On Tuesday, June 8, the Dorchester General Hospital evacuated 36 patients for their facility simulating flooding, loss of electricity, and damage from the storm. Five patients were transported to Eastern Shore Hospital Center and 31 to Memorial Hospital at Easton. All of the hospitals in the region implemented some components of their disaster plan in actual or table top drills. The drill was highly successful and provided valuable feedback on each hospital's disaster plan.
- The Region IV Council Sub-Committee for Quality Assurance and Quality Improvement meets the first Monday of each quarter.
- The Annual Pyramid Conference 2010 will be held October 9 and 10, 2010.
- Regional staff and EMSC will be supporting the MSFA Fire Prevention and Life Safety Committee Interactive Stations at the MSFA Convention.
- Region V Administrator serves as Chairperson of the Partnership for A Safer Maryland and is active in Falls Prevention for Older Adults.

Emergency Medical Services for Children Program (EMSC). Maryland **RISK WATCH Champion Team** again hosted interactive displays on Injury Prevention and Life Safety at the MSFA Convention in Ocean City this June. This year the stations included: Fire Safety, Home Safety, Poison Safety, Pedestrian & Railroad Safety, Water Safety, Make the Right Call 9-1-1 and Resource table for families, teachers and life safety educators. Additionally there was a Falls Prevention display for senior adults from MIEMSS Region V and the Partnership for a Safer Maryland (DHMH). The Team continues to provide each of the MSFA Miss Fire Prevention contestants with a set of educational resources on injury prevention. New displays will be brought to the MSFA Executive Committee meetings in 2010 -2011.

The **Safe Kids Maryland Coalition** quarterly meeting for 2010 was held on June 1st in Annapolis with a focus on Water Safety featuring new materials and educational public safety van from the Maryland Department of Natural Resources.. Safe Kids chapters in Garrett, Queen Anne's and Saint Mary's counties continue to work on Child Passenger Safety (CPS) education and training. Meetings, agendas and minutes are posted on the expanded website along with state and national resources for injury prevention – www.safekidsmd.org. Please contact the Maryland Safe Kids coalition through the EMSC Office 410-706-1758.. New videos for families on teaching prevention to children with special health care needs are posted on the Safe Kids USA website at www.safekids.org.

The **Child Passenger Safety (CPS) & Occupant Protection Healthcare Project:**

- FY 2011 grant application was submitted with a focus on both ambulance safety and implementing the NICU education course to be released later this summer by Riley Children's Hospital
- **Infant Car Seat Challenge** training DVD has been sent to all hospitals in Maryland and a conference call will be held in April for NICUs, Nurseries and other interested advocates
- **July 1, 2010** call will focus on implementation of the **Infant Car Seat Challenge**. CPS Conference calls are archived and available for viewing or download on the website www.miemss.org/EMSCwww/CPSHome.htm
- **SECURE** Ambulance Safety & **BUCKLE UP – Every Ride Every Time** posters are available from the EMSC & SOCALR offices
- **Rear Facing Longer & Booster Seat** posters are available as part of the educational campaign on Maryland's enhanced occupant protection law
- **September 2010** conference call will focus on passenger safety in **School Buses** – date to be announced soon.
- EMSC staff is participating in the revision of the Maryland Strategic Highway Safety Plan focused on Occupant Protection emphasis area

The state **Pediatric Emergency Medical Advisory Committee (PEMAC)** 2010 meetings and subcommittee dates are confirmed and posted on the website. Maryland EMSC program continues to partner with the Chesapeake Applied Research Network (CARN) based at Children's National Medical Center and facilitated EMS focus groups working on the development and piloting of an Asthma severity score for use in assessment of children's degree of respiratory distress in the out of hospital environment. CARN summer retreat included a planning for more EMS research projects. Work continues on the **EMSC Partnership Grant** focused on the ten Federal EMSC Performance Measures that have 2011 and 2017 target dates for achievement. Ongoing projects include:

- Implementing the VAIP 2010 equipment standards with an electronic web based inspection system for vehicle equipment
- Incorporation of the standards for pediatric emergency department criteria and categorization
- Piloting the base station course focused for transport nurses and interfacility transport environment
- Distribution of the 2010 revision of the Resource Manual for Interfacility Transports
- Pediatric education workshop at conference and Webcasts are ready to be placed in the Instructors Corner and on the MIEMSS Learning Management System.
- Pyramid 2010 conference in October will include Pediatric Vascular Access workshops for both EMS and ED providers
- PEMAC is forming a Family Advocacy subcommittee
- EMSC & SOCALR continues to focus on ambulance safety and remain active with the NHTSA workgroup on Safe Transport of Children in Ambulances.
- EMSC Staff is working with the NASEMSO Highway Incident Traffic Safety committee on assessment and preparedness tools for rural mass casualty responses.
- Presentation was made at the EMSC Annual Meeting on keys to successful advocacy for children specific to injury prevention programs

Public Access AED Program. Currently, there are 1233 layperson AED programs have been issued certificates by MIEMSS in Maryland since the program began in 1999, with a total of 2900 active sites. A list of approved programs and their status (active or expired) is updated monthly and available on the MIEMSS website at <http://www.miemss.org/Approved.doc>. Facilities whose certificates have expired are not in compliance with Maryland's AED law.

Yellow Alert. MIEMSS continues to closely monitoring yellow and red alert activity, which again decreased significantly in 2009 compared to 2008, even with the onset of the H1N1 virus in April 2009. MIEMSS also updated the return to service times for 2009 which remained relatively constant from 2008. The state average return to service time for 2009 decreased slightly from 2008 to 36.26 minutes. MIEMSS is continuing to work closely with DHMH and the Maryland Hospital Association (MHA) to monitor the impact H1N1 and seasonal flu is having on hospitals related to overcrowding and diversions as well as other potential factors that may impact alert utilization and EMS return to service times.

Cardiac Centers. The Cardiac Interventional Center regulations have been finalized and became effective on May 3, 2010. The final Cardiac Interventional Center regulations may be viewed at http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=30.08.16.*

All of Maryland's 23 hospitals that currently perform primary PCI under a CON or waiver from CON from the Maryland Health Care Commission submitted letters of intent expressing interest in being designated as Cardiac Interventional by MIEMSS. Applications have been mailed to the hospitals and MIEMSS hopes to begin designating Cardiac Interventional Centers by the Fall.

STEMI Systems of Care in Maryland. The American Heart Association, in partnership with the Maryland Chapter of American College of Cardiology and other key stakeholders, held a conference at the Anne Arundel Medical Center. The meeting brought together representatives from across the state to work on strengthening Maryland's STEMI System of Care and fostering collaboration statewide. As MIEMSS continues to work with stakeholders on the development of a STEMI System of Care in Maryland, efforts will be made to improve the collection of data necessary to support quality improvement initiatives with hospitals and the Maryland Health Care Commission. It is important to continue to work to coordinate these efforts across the State and amongst key stakeholders and organizations. Regional STEMI Committees have been developed and have begun meeting to address STEMI system development on a regional basis, taking into consideration region specific issues. The regional committees will monitor regional specific issues on an ongoing basis and report to the statewide STEMI QIC after it has been developed.

Primary Stroke Centers. MIEMSS continues to work closely with system stakeholders to improve acute stroke care in Maryland. Prehospital protocols and designated Primary Stroke Centers play pivotal roles in a statewide acute stroke system of care. The number of designated Primary Stroke Centers statewide is currently 34. Currently, all surveys and designations are completed. A current list of approved designated Primary Stroke Centers is located on the MIEMSS website. A call for applications was placed in the Maryland Register on May 7, 2010 for hospitals seeking Primary Stroke Center Designation. Two hospitals (Doctors Community and Washington Adventist) have sent letters of intent to MIEMSS with applications due to MIEMSS by December 31, 2010. As stroke care in Maryland continues to evolve and improve MIEMSS is working closely with Centers of Excellence, the Joint Commission, and system stakeholders in developing regulations for designation of Primary Stroke Centers as Comprehensive Stroke Centers. Comprehensive Stroke Centers benefits the stroke patient who requires a high intensity of medical and surgical care, specialized tests or interventional therapies 24 hour a day, 7 days per week. MIEMSS continues working with the telemedicine workgroup of the Governor's Advisory Council on Heart Disease and Stroke and DHMH's Office of Chronic Disease Prevention to explore a statewide stroke telemedicine system. This system would potentially extend stroke neurology expertise to underserved regions of the state, mitigating neurology specialist shortages and the risks of PSCs losing critical resources. The group is working to gather support, refine the project's charter and identify funding sources. MIEMSS continues working with the workgroup from the STROKE QIC in developing stroke inter-facility transfer guidelines. The primary purpose of the inter-facility transfer guidelines is to ensure patient safety, maximize quality of care and effectively help to ensure the efficient leveraging of scarce health care resources. This group is working to refine the project's charter, identify available resources and identify issues associated with inter-facility transfers.

EMD Online Stroke Course. MIEMSS is working closely with the Department of Health and Mental Hygiene in providing online stroke education for all Maryland emergency medical

dispatchers. The goal is to increase recognition of stroke signs and symptoms and decrease stroke patient times between symptom onset and arrival at hospital. The online course is free and is specifically for EMD personnel. DHMH will send Priority Dispatch CEU CD's for Stroke Signs and Symptoms to interested EMD offices. This course is free and will grant one hour of continuing education credit when the course is successfully completed. The course generally requires one to two hours to complete.

Prehospital Stroke Course Online. The American Heart Association's Stroke Prehospital Care online course is on the MIEMSS website and is free for prehospital care providers. Currently, 501 prehospital care providers have completed the course. To access this course go to the MIEMSS home page and click on Prehospital Stroke Module located under "What's New" and follow the instructions. A student's computer must be setup with a built-in or separate sound card along with either speakers or a headset. The stroke course consists of four modules that use audio heavily. MIEMSS will grant one hour of stroke continuing education credit to students who successfully complete the course. Students complete an online test after completing all four modules. The course generally requires one to two hours to complete. Registration is currently open to affiliated EMS providers at the EMT-Basic level or higher, and the course must be completed within 30 days of receiving a passcode.

EMS Base Stations. In 2009, there were 17 hospitals that were evaluated and received re-designation as EMS Board approved base stations. Thirteen hospitals received five year full base station designation. One hospital received a two year provisional designation and three hospitals received one year provisional designation. In 2010, there are an additional 12 hospitals that have applied for re-designation as a base station. The 2010 site visits began in April and will run into the winter.

EMS Continuing Education Programs

Firehouse Expo (July 20 - 24, 2010) Baltimore Convention Center
Baltimore, MD, Please go to: <http://www.firehouseexpo.com/fhe/index.po> for more information.



National Disaster Life Support Program - Basic Disaster Life Support (July 29, 2010)

8:00 am - 6:00 pm - Robinwood Medical Center 11110
Medical Campus Road

Hagerstown, MD 21740 - Register on line NOW at

<http://www.mfri.org/ndls> as space is limited.

There is no cost for this program.



Mid- Atlantic Life Safety Conference (September 28, 2010) Johns Hopkins Applied Physics Lab, Columbia Maryland

Providing Trauma Care (September 29, 2010) 8:00 AM - 4:00 PM Hagerstown Community College 11400 Robinwood Drive Hagerstown, MD 21740 – Call 301-790-2800 ext 236 to register

Pyramid EMS Conference 2010 (October 8-10, 2010) Solomons Island, Maryland

2011 Statewide EMS Education Conference at the BEACH (Tentatively scheduled for March 31 - April 3rd, 2011) Watch for details coming soon!

Please check with your MIEMSS regional office, the *Maryland EMS News*, or the MIEMSS web page about additional registration information.
